

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/673667</b>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENOMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/		/		51					
2	/		/		/		52					
3	/		/		/		53					
4	/		/		/		54					
5	/		/		/		55					
6	/		/		/		56					
7	/		/		/		57					
8	/		/		/		58					
9	/		/		/		59					
10	/		/		/		60					
11	/		/		/		61					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	/		/		/		TOTAL IND.					
TOTAL DEP.	10	↓	11	↓	13	↓	TOTAL DEP.					
TOTAL CLAIMS	11	[REDACTED]	12	[REDACTED]	14	[REDACTED]	TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS